

**Osage County R-1 School
614 S Poplar St
Chamois, MO 65024**

SUBSTITUTE TEACHER APPLICATION

Name _____ Phone _____

Address _____ City _____ Zip _____

Social Security Number _____

Do you have a college degree? Yes _____ No _____

If yes: BS _____ BA _____ MS _____ MA _____ (If yes, provide copy of transcript.)

If no: Number of hours completed _____ Major Area _____

Do you have a Missouri Teaching Certificate? Yes _____ No _____
(If yes, provide a copy.)

Elementary: Major _____ Minor _____

Secondary: Major _____ Minor _____

Expiration Date: ____/____/____

Do you have a Missouri Substitute Teaching Certificate? Yes _____ No _____
(If yes, provide a copy.)

Expiration Date: ____/____/____

Please check levels in which you are willing to teach:

Elementary ____ Junior High ____ High School ____

List any particular grades of subjects you do not wish to teach:

List any days that you are not available to substitute:

List any education related experiences you have had working with children, i.e. day care camp, church work, etc.

List the name, position and work phone number of your current or most recent employer:

Name: _____ Position: _____

Phone: _____

Signature: _____

Date: _____